			Eff	ective Octo			ION REC	<i>J</i> 111		101	04	1721	. 1
E.A. CLAIMS AS FILED - PART ( (Column 1) (Column 2)										SMALL ENTITY		OTHER THAN SMALL ENTITY	
OR	10-10	6	NUMB	erfiled .		NUMBER	EXTRA	1-	RATE	FEE	1	RATE	FEE
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	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=	7:11 OC.
11 01	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									L	OR	TOTAL	

Application or Docket Number